PART B - FEE(S) TRANSMITTAL

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DELPHI TECHNOLOGIES, INC.

M/C 480-410-202 PO BOX 5052

TROY, MI 48007 08/18/2009 RNEBRAH1 00000129 500831

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(Signature) (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/784,638	02/23/2004	R. Clarkson Griffin	DP-307767	8173

TITLE OF INVENTION: VEHICLE DISABLE SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	08/31/2009	
EXAN	IDNER	ART UNIT	CLASS-SUBCLASS]		•	
GOINS, DAVI	etta woods	2612	340-426110				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to		era 2	Jimmy L. Funke	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DELPHI TECHNOLOGIES, INC.

TROY, MICHIGAN

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual. 🗹 Corporation or other private group entity 🔲 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

4a. The following fee(s) are submitted: Ssue Fee

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